

07 - 421

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

ISAIAS R. ORTIZ

Plaintiff

V.
THOMAS CARROLL, WARDEN

Defendant(s)

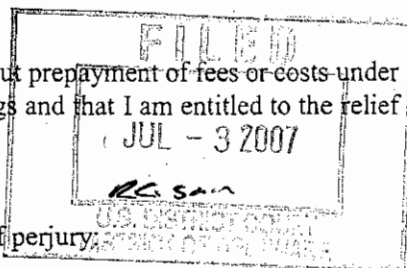
APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 07 - 421

I, ISAIAS R. ORTIZ declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • No (If "No" go to Question 2)

If "YES" state the place of your incarceration DE. CORR. CNTR, SMYRNA, DEInmate Identification Number (Required): 00480744Are you employed at the institution? X Do you receive any payment from the institution? YESAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? XX Yes • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	<u>X</u> • No
b. Rent payments, interest or dividends	• • Yes	<u>X</u> • No
c. Pensions, annuities or life insurance payments	• • Yes	<u>X</u> • No
d. Disability or workers compensation payments	• • Yes	<u>X</u> • No
e. Gifts or inheritances	• • Yes	<u>X</u> • No
f. Any other sources	• • Yes	<u>X</u> • No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

N/A

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts? •• Yes ☒ •• No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

N/A •• Yes •• No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

N/A

I declare under penalty of perjury that the above information is true and correct.

6-26-07

DATE

ISAIAH R. ORTIZ

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

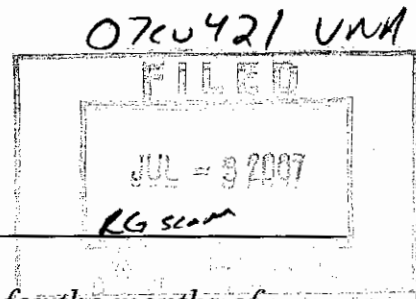
DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Isaias Ortiz SBI#: 480744

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: February 2, 2007



Attached are copies of your inmate account statement for the months of August 1, 2006 to January 31, 2007

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Aug</u>	<u>11.44</u>
<u>Sept</u>	<u>19.01</u>
<u>Oct</u>	<u>14.48</u>
<u>Nov</u>	<u>15.23</u>
<u>Dec</u>	<u>26.01</u>
<u>Jan</u>	<u>65.81</u>

Average daily balances/6 months: 25.33

Attachments

CC: File

Stacy Shane
2/2/07

Janette
X Haver
2/2/07

Individual Statement From August 2006 to December 2006

Page 1 of 1

Date Printed: 2/2/2007

SBI 00480744	Last Name Ortiz	First Name Isaias	MI R	Suffix 	Beginning Month Balance: \$0.55	Ending Month Balance: \$7.25
Current Location: S1					Comments:	

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Misc Wage	8/1/2006	\$49.25	\$0.00	\$0.00	\$49.80	298507		PI 6/24-7/23/06	
Canteen	8/1/2006	(\$21.79)	\$0.00	\$0.00	\$28.01	299515			
Pay-To	8/7/2006	(\$5.00)	\$0.00	\$0.00	\$23.01	302157		ECHOES OF JOY	
Canteen	8/15/2006	(\$22.87)	\$0.00	\$0.00	\$0.14	306349			
Misc Wage	9/1/2006	\$53.23	\$0.00	\$0.00	\$53.37	313599		PI 7/24-8/23/06	
Canteen	9/5/2006	(\$29.78)	\$0.00	\$0.00	\$23.59	314767			
Pay-To	9/8/2006	(\$8.00)	\$0.00	\$0.00	\$15.59	316801		TBN	
Canteen	9/26/2006	(\$14.49)	\$0.00	\$0.00	\$1.10	324350			
Misc Wage	10/2/2006	\$56.84	\$0.00	\$0.00	\$57.94	326308		PI 8/24-9/23/06	
Canteen	10/3/2006	(\$23.46)	\$0.00	\$0.00	\$34.48	327410			
Pay-To	10/6/2006	(\$11.00)	\$0.00	\$0.00	\$23.48	329242		ECHOES OF JOY	
Canteen	10/10/2006	(\$14.50)	\$0.00	\$0.00	\$8.98	330051			
Visit	10/18/2006	\$10.00	\$0.00	\$0.00	\$18.98	333717	0078909-06069		H. SANTIAGO
Canteen	10/24/2006	(\$18.12)	\$0.00	\$0.00	\$0.86	336837			
Misc Wage	11/1/2006	\$37.60	\$0.00	\$0.00	\$38.46	339111		PI 9/24-10/23/06	
Canteen	11/8/2006	(\$22.79)	\$0.00	\$0.00	\$15.67	343595			
Pay-To	11/16/2006	(\$5.00)	\$0.00	\$0.00	\$10.67	347377		TBN	
Canteen	11/21/2006	(\$9.77)	\$0.00	\$0.00	\$0.90	348637			
Misc Wage	12/1/2006	\$51.69	\$0.00	\$0.00	\$52.59	352637		PI 10/24-11/23/06	
Canteen	12/5/2006	(\$13.24)	\$0.00	\$0.00	\$39.35	353620			
Pay-To	12/8/2006	(\$5.00)	\$0.00	\$0.00	\$34.35	357218		ECHOES OF JOY	
Canteen	12/12/2006	(\$11.34)	\$0.00	\$0.00	\$23.01	357993			
Pay-To	12/21/2006	(\$5.00)	\$0.00	\$0.00	\$18.01	362522		PASTOR BENNY HIN	
Canteen	12/26/2006	(\$10.76)	\$0.00	\$0.00	\$7.25	363798			
					Ending Month Balance:		\$7.25		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Date Printed: 2/2/2007

Individual Statement

Page 1 of 1

For Month of January 2007

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$7.25
00480744	Ortiz	Isaías	R			
Current Location: S1		Comments:				

Trans Type	Date	Deposit or Withdrawal		Non-Medical Hold		Balance	Trans #	MO # or Ck #	PayTo	SourceName
		Amount	Medical Hold							
Misc Wage	1/2/2007	\$43.44	\$0.00			\$50.69	365994		PI 1/24-12/23/2006	
Mail	1/2/2007	\$50.00	\$0.00			\$100.69	366898	4961042118		C ROBERT
Canteen	1/9/2007	(\$27.29)	\$0.00			\$73.40	370076			
Pay-To	1/11/2007	(\$5.00)	\$0.00			\$68.40	371930		TBN	
Pay-To	1/11/2007	(\$5.00)	\$0.00			\$63.40	371931		PASTOR BENNY HIN	
Canteen	1/23/2007	(\$16.70)	\$0.00			\$46.70	375943			
Ending Mth Balance:						\$46.70				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

